

1

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/		/			56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62	/					
13		/					63		/				
14		/					64		/				
15	/						65		/				
16		/					66		/				
17		/					67	/					
18		/					68	/					
19		/					69		2				
20		/					70		2				
21		/					71		2				
22	/						72		2				
23		/					73	/					
24		/					74		/				
25		/					75		/				
26		/					76		/				
27		/					77		/				
28		/					78		/				
29		/					79		3				
30		3					80		3				
31		3					81		3				
32		3					82		3				
33		3					83		3				
34		3					84	/					
35		3					85		/				
36		3					86		/				
37		3					87		/				
38		3					88		/				
39	/						89		/				
40		/					90		/				
41		/					91		/				
42		3					92		/				
43		3					93		/				
44		3					94		/				
45		3					95		/				
46		2					96		/				
47		2					97		/				
48	/						98		2				
49		/					99	/					
50		/					100		/				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

1/9

1/9

1/11

2/22

1/20

5

3/9

1/15

1/15

1/10

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

2

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3		1				
4		1				
5		2				
6	1					
7		1				
8		1				
9		1				
10		1				
11		1				
12		2				
13	1					
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		2				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		2				
29	1					
30		1				
31		1				
32		1				
33		1				
34		1				
35		3				
36		3				
37		3				
38		3				
39		1				
40						
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43						
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS